Plan Management Conceptual Data Model
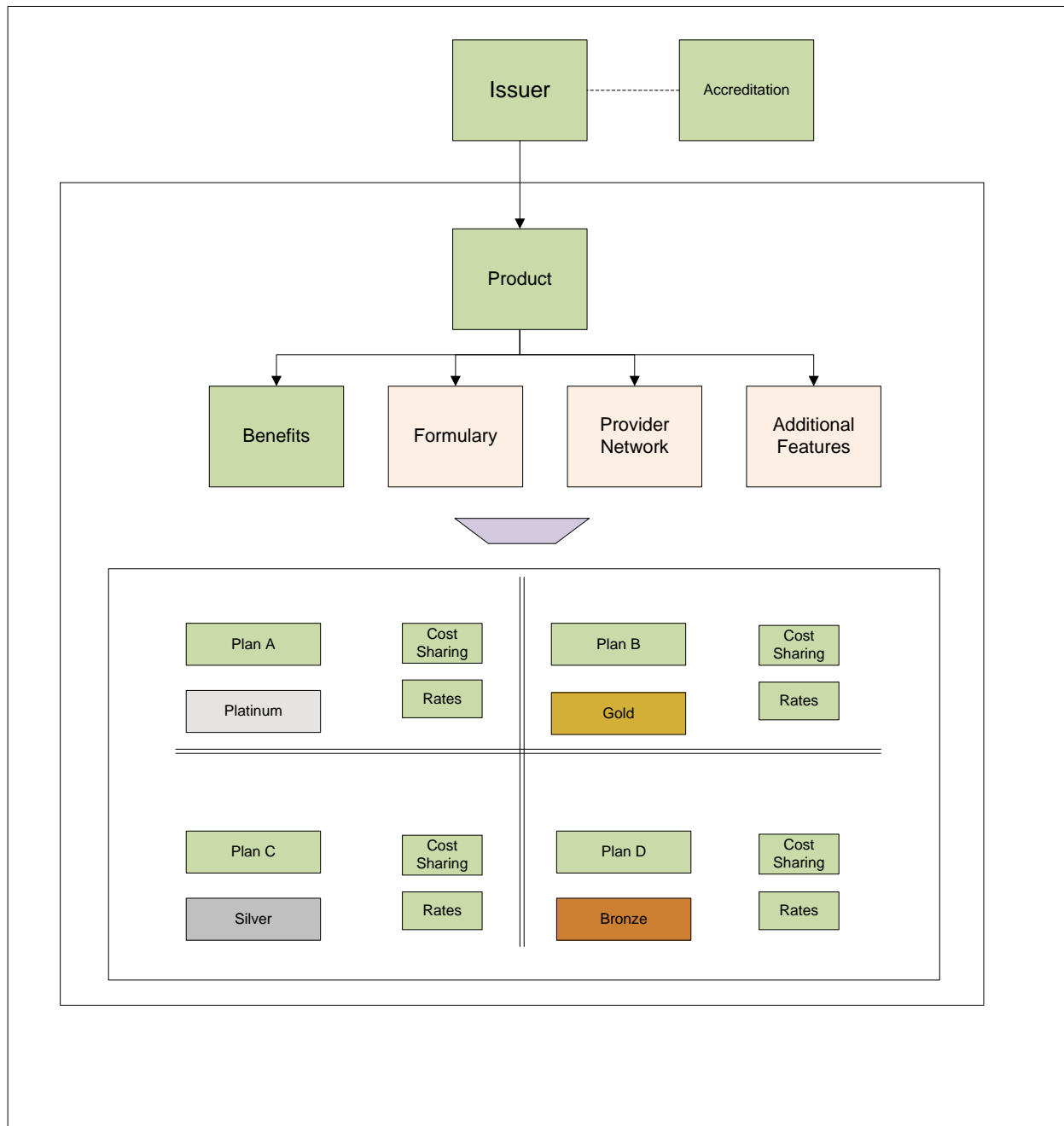
Preliminary – for discussion only draft

4/18/2012

Issuer: An issuer is an insurance company, insurance service, or insurance organization (including an HMO) that is required to be licensed to engage in the business of insurance in a state and that is subject to state law that regulates insurance [within the meaning of Section 514(b)(2) of the Employment Retirement Insurance Security Act (ERISA)].

Issuer Accreditation: This is performed by one of two entities, NCQA or URAC. A QHP Issuer must be accredited on the basis of local performance of its QHPs along several categories, including patient experience, consumer access, etc.

Product: A suite of Health Plans where the Benefits, Formulary, Provider Network, and Additional Features remain the same. The Cost Sharing and Rates vary at the Plan level.

Benefits: The Health Services covered for the Plan as defined at the Product level. The Health Services are grouped into the 10 Essential Health Benefit categories.

Formulary: The Drug list provided for the Plan, as defined at the Product level.

Provider Network: A grouping of Providers that provide medical services to a Plan, as defined at the Product level.

Additional Features: Additional Features offered in the Plan such as a nurse hotline.

Plan: A subset of the Product where the Cost Sharing and Rates can vary.

Cost Sharing: The amount the individual contributes to specific services within the Plan.

Rates: The premium or rates associated with this plan.

Data Elements (Preliminary Sample Draft):

Issuer:

- Name (Legal, marketing, doing business as name)

- Physical and Mailing addresses

- Contact(s) with addresses, emails and phone numbers

- Federal tax ID

Product:

- Product name

- Product Smart ID

- Certification start and end date

- Renewal date

Benefits:

- Service/Benefit name

- Covered (y/n)

- Cost sharing

- Limitations

- Other relevant data (descriptive text)

- Essential health benefit category

Formulary:

- Formulary name

- Formulary version

- Formulary model type (USP, AHFS, Other)

- Drug deductible

- Drug tier

Provider Network:

- Network name

- National provider identifier

- Provider business name

- Provider name

- Provider address, city, state, zip code

- Provider specialty type

- Accepting new patients (y/n)

Additional Features:

- Feature name

- Feature description

Plan

- Plan name

- Cost sharing amounts

    o Deductible amounts

    o In and out of network costs

    o Maximum limits

- Rate(s) – the premium associated with this plan